

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 23 1932

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County BuchananRegistration District No. 85

Township

Primary Registration District No. 1001City St. Joseph,(No. 2326 So. 19th. St.File No. 238Registered No. 78St. Ward

2. FULL NAME

Susie Ann Wolff(a) Residence, No. St. Ward
(Usual place of abode)Length of residence in city or town where death occurred 42 yrs. mos. ds.(If nonresident, give city or town and State)
How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Otto H. Wolff</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan, 19, 1888</u>		
7. AGE <u>44</u>	YEARS <u>0</u>	MONTHS <u>3</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home.</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>York Co., Neb.</u>		
13. NAME <u>Joseph Burkert</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Genevieve, Mo.</u>		
15. MAIDEN NAME <u>Philomena Werner</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Genevieve, Mo.</u>		
17. INFORMANT <u>Otto H. Wolff</u> (ADDRESS) <u>2326 So. 19th. St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Olivet Cemetery</u> DATE <u>Jan, 25, 1932</u>		
19. UNDERTAKER <u>Walter Meinhoffer</u> (ADDRESS) <u>1302 Faraon St. St. Joseph, Mo.</u>		
20. FILED <u>JAN 25 1932</u> <u>John R. Bender</u> Registrar		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan, 22, 1932, 1922. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1932, to Jan 22, 1932I last saw h. ex. alive on Jan 22, 1932. Death is saidto have occurred on the date stated above, at 3.45 P.M.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia
108
114B/108
Jan 11

Other contributory causes of importance:

Hemorrhage from Lung
9

Name of operation Clinical Date of What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury , 19Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Charles H. Werner, M. D.(Address) Kirkpatrick Bldg. St. Joseph Mo.

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